

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S. P. Z.		10/16
O.P.E. CLASSIFIER		865	12-18-61
FORMALITY REVIEW	1, J, M		
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ _____ Rejected
 ✓ _____ Allowed
 (Through numerals) _____ Canceled
 + _____ Restricted
 M _____ Non-elected
 I _____ Interference
 A _____ Appeal
 O _____ Objected

Claim	Date	Claim	Date	Claim	Date
1	1/1/61	51		101	
2	1/1/61	52		102	
3	1/1/61	53		103	
4	1/1/61	54		104	
5	1/1/61	55		105	
6	1/1/61	56		106	
7	1/1/61	57		107	
8	1/1/61	58		108	
9	1/1/61	59		109	
10	1/1/61	60		110	
11	1/1/61	61		111	
12	1/1/61	62		112	
13	1/1/61	63		113	
14	1/1/61	64		114	
15	1/1/61	65		115	
16	1/1/61	66		116	
17	1/1/61	67		117	
18	1/1/61	68		118	
19	1/1/61	69		119	
20	1/1/61	70		120	
21	1/1/61	71		121	
22	1/1/61	72		122	
23	1/1/61	73		123	
24	1/1/61	74		124	
25	1/1/61	75		125	
26	1/1/61	76		126	
27	1/1/61	77		127	
28	1/1/61	78		128	
29	1/1/61	79		129	
30	1/1/61	80		130	
31	1/1/61	81		131	
32	1/1/61	82		132	
33	1/1/61	83		133	
34	1/1/61	84		134	
35	1/1/61	85		135	
36	1/1/61	86		136	
37	1/1/61	87		137	
38	1/1/61	88		138	
39	1/1/61	89		139	
40	1/1/61	90		140	
41	1/1/61	91		141	
42	1/1/61	92		142	
43	1/1/61	93		143	
44	1/1/61	94		144	
45	1/1/61	95		145	
46	1/1/61	96		146	
47	1/1/61	97		147	
48	1/1/61	98		148	
49	1/1/61	99		149	
50	1/1/61	100		150	

If more than 150 claims or 10 actions
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